

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway - 21st Floor
New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification
ALCOA EAST PLANT – PLANT WIDE ABATEMENT			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER: ALCOA, INC. EAST PLANT			
Address: 194 COUNTY ROUTE 45			
City: MASSENA	State: N.Y.	ZIP: 13662	
Contact: CRAIG PEETS		Tel: (315)	
REMOVAL CONTRACTOR: OP-TECH ENVIRONMENTAL SERVICES, INC.			
Address: 63 TRADE ROAD			
City: MASSENA	State: N.Y.	ZIP: 13662	
Contact: GUY GRIFFIN		Tel: 315-764-1917	
OTHER OPERATOR: N/A			
Address: N/A			
City: N/A	State: N/A	ZIP: N/A	
Contact: N/A		Tel: N/A	
III. TYPE OF OPERATION (D = Demolition / R = Renovation) : DEMOLITION			
IV. IS ASBESTOS PRESENT? (Yes/No): YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Building Name: ALCOA, INC. EAST PLANT			
Address: 194 COUNTY ROUTE 45			
Address:			
City MASSENA	State: N.Y.	County: ST. LAW	
Site Location: VARIOUS LOCATIONS THROUGHOUT THE BUILDING			
Building Size: ESTIM. 20,000 S.F.	SqMeter: N/A	SqFt: N/A	# of Floors: 2
Present Use: VACANT	Age in Years: 80 +/-		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			Prior Use: INDUSTRIAL PLANT
>AIR SAMPLING-ANALYTICAL, BULK SAMPLING-ANALYTICAL			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	Non-friable Asbestos Material to be removed		
	RACM to be Removed	Category I	Category II
Pipes - Linear Feet	500 LF	N/A	N/A
Pipes - Linear Meters		N/A	N/A
Surface Area - Square Feet		N/A	N/A
Surface Area - Square Meters		20,000 SF	N/A
Volume RACM off Facility Component - Cubic Feet		N/A	N/A
Volume RACM off Facility Component - Cubic Meters		N/A	N/A
SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 09/19/2016		Completion: 12/31/2016	
SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: N/A		Completion: N/A	

Branch

RESTORATION, INC.
Disaster & Environmental Solutions

September 12, 2016

Via Fax: 212-637-3998

Total 3 Pages

EPA
NESHAPS Coordinator
Air Facilities Branch
290 Broadway, 21st Floor
New York, NY 10017

Re: 160 East 38th Street
Apt. 22A
New York, NY 10016

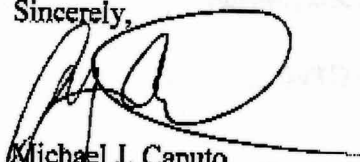
To Whom It May Concern:

Please be advised that the above noted Job Project has been put on HOLD temporarily.

I have enclosed for your information, a copy of Original Notification filed with your office.

Please do not hesitate to contact me should you require any additional information or clarifications.

Sincerely,



Michael J. Caputo
President

Notification of Demolition and Renovation

X. Description of Planned Demolition or Renovation Work, And Method(s) to be Used: Removal of Non-Friable - Floor Tile and Mastic - Utilizing Interior foam removal procedures and an attached decontamination unit on site.
XI. Description of Engineering Controls and Work Practices to be Used to control Emissions of Asbestos at the Demolition and Renovation Site: Non Friable Work Procedures-Wetting material before removal. Worker/waste decontamination unit, isolation barriers, negative Air.
XII. Waste Transporter #1 Name: ATC Transportation Co., Inc. Address: 2 Moriches Middle Island Rd. City: Shirley State: NY Zip: 11967 Contact Person: Butch/Kenny Tel: 631-924-5050
Waste Transporter #2. Name: Address: City: State: Zip: Contact Person:: Tel:
XIII. Waste Disposal Site Name: Minerva Enterprises, Inc. Address: 9000 Minerva Rd. City: Waynesburg State: OH Zip: 44688 Telephone: 330-866-3435
XIV. If Demolition Ordered by a Government Agency, Please Identify the Agency Below: Name: Title: Authority: Date of Order (MM/DD/YY): Date Order to Begin (MM/DD/YY):
XV. For Emergency Renovations Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of How the Event Caused Unsafe Conditions or Serious Disruption of industrial Operations:
XVI. Description of procedures to be Followed in the Event that Unexpected Asbestos is found of Previously Nonfriable Asbestos Material Becomes Crumbled, Pulverized, or Reduced to Powder. Application of amended water, Hepa vacuuming.
XVII. I certify that an individual trained in the provisions of this regulation (40 CFR Part 61, Subpart MO will be on site during the Demolition or Renovation and Evidence that the Required Training has been Accomplished by this person will be available for Inspection during Normal Business hours. (Required 1 year after Promulgation) Signature of Owner/Operator Date 9/2/16
XVIII. I Certify that the above information is correct Signature of Owner/Operator Date 9/2/16

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2
Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway - 21st Floor
New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification
I. TYPE OF NOTIFICATION (O = Original / R = Revised) : Revised			
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER: Dorothy Desulnier			
Address: 74 Scarborough Circle			
City: Rock Hill	State: NY	ZIP: 12775	
Contact: Yvonne Tawil			Tel: 212-432-3055
REMOVAL CONTRACTOR: PRESTIGE DEVELOPMENT SERVICES INC			
Address: 199 LINCOLN AVENUE SUITE 204			
City: BRONX	State: NY	ZIP: 10454	
Contact: CLAUDIA FITZPATRICK			Tel: 718-401-2744
OTHER OPERATOR:			
Address:			
City:	State:	ZIP:	
Contact:			Tel:
III. TYPE OF OPERATION (D = Demolition / R = Renovation) : RENOVATION			
IV. IS ASBESTOS PRESENT? (Yes/No): YES			
V. FACILITY DESCRIPTION (include building name, number and floor or room number):			
Building Name:			
Address: 74 Scarborough Circle			
Address:			
City Rock Hill	State: NY	Sullivan	
Site Location: Basement			
Building Size:	SqMeter:	SqFt: 1,232	# of Floors: 2
Present Use: Commercial/ Office Building		Age in Years: 43	
		Prior Use: Commercial/Office building	
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:			
	RACM to be Removed	Non-friable Asbestos Material not to be removed	
		Category I	Category II
Pipes - Linear Feet			
Pipes - Linear Meters			
Surface Area - Square Feet	1,200		
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			

Volume RACM off Facility Component - Cubic Meters			
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 9/2/2016		Completion: 9/21/2016	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start:		Completion:	

Document2

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: INTERIOR FOAM, Tent

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: negative air machines, 6 MIL POLY, 6 MIL POLY WASTE BAGS, AMMENDED WATER, HEPA VACS, AIRLESS SPRAYERS, PPE

XII. WASTE TRANSPORTER #1

Name: Dial Transport

Address: PO Box 20699

City: Staten Island

State: NY

ZIP:

Contact Person:

Telephone: 888-646-9903

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

ZIP:

Contact Person:

Telephone:

XIII. WASTE DISPOSAL SITE

Name: MINERva Enterprises

Address: 9000 MINERVA ROAD SE

City: WAYNESBURG

State: OH

ZIP: 44648

Telephone:

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW

Name:

Title:

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY) :

XV. FOR EMERGENCY RENOVATIONS

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)

Signature of Owner/Operator

Date

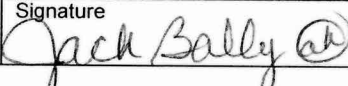
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Signature of Owner/Operator

Date

Document2

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 9/9/16		Name of Building Owner/Operator (2) 356 Getty Ave, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 356 Getty Avenue							
		City, State, Zip Code Clifton, NJ							
		Name of Contact John Inglese	Telephone Number 201-400-6060						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Alfred Heller Site		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 356 Getty Avenue		Square Feet 16,100	# of Floors 1						
City (5) Clifton		Bldg. Age 75							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) NA							
Name of Monitoring Firm Hired by Building Owner (8) RT Environmental Services		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 510 Heron Drive, Suite 360		Street Address 407 West Lincoln Highway, Suite 500							
City, State, Zip Code Bridgeport, NJ 08016		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Tony Alessandrini		Telephone No. 856-467-2276	Telephone No. 484-872-8884						
License No. 01161									
Start Date (10) 9/26/16	Scheduled Completion Date (11) 10/28/16	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached									
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 36	Name of Registered Landfill Minerva					
City, State New Castle, DE			Disposal Date TBD	City, State Waynesburg, OH					
Completed by Jack Bally		Title Sr. Project Manager	Signature 			Date 9/9/16			

Location of Asbestos Containing Material (ACM) To Be Abated In Facility	Is location normally used solely by Maintenance/Custodial Staff? Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encap	Enclosure
Building 1	na	acpi	1988 lf	x			
Building 2	na	12' white floor tile	193 sf	x			
Building 5	na	acpi	825 lf	x			
Building 6	na	acpi	525 lf	x			
Brick Building	na	9"x9" floor tile	1250 sf	x			
Brick Building	na	floor tile mastic	3925 sf	x			
Brick Building, boiler room	na	tank insulation	32 sf	x			
Brick Building, boiler room	na	acpi	20 lf	x			
Single Story Masonry Building	na	9"x9" floor tile and underlying mastic	2600 sf	x			

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Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)
290 Broadway-21st Floor
New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification
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I. TYPE OF NOTIFICATION (O = Original / R = Revised) : **REVISED**

II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER: DCAS

Address: 1 Centre Street, 16th Floor

City: New York

State: NY

ZIP: 10007

Contact: Joseph Wagner

Tel: 212-669-3732

REMOVAL CONTRACTOR: JVN Restoration Inc.

Address: 47 Foster Road

City: Staten Island

State: New York

ZIP: 10309

Contact: John Tardy

Tel: 718-605-6256

Address:

OTHER OPERATOR:

Contact:

Tel:

III. TYPE OF OPERATION (D = Demolition / R = Renovation) : **R / Asbestos Removal Only**

IV. IS ASBESTOS PRESENT? (Yes/No): **yes**

V FACILITY DESCRIPTION (include building name, number and floor or room number):

Building: Bronx Family Criminal Courthouse

Address: 215 East 161st Street

Address:

City: Bronx

State: New York

County: Bronx

Site Location: Interior - Various Locations

Building Size

SqMeter:

SqFt:
690,000

of Floors:

Age in Years
40+

Present Use: Other

Prior Use: Other

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Bulk/PLM (AHERA)

VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:

	RACM to be Removed Category II	Non-friable Asbestos Material to be removed Category I
PIPES - Linear Feet		
PIPES- Linear Meters		
Surface Area - Square Feet		804
Surface Area - Square Meters		
Volume RACM off Facility Component - Cubic Feet		
Volume RACM off Facility Component - Cubic Meters		

xVIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 09/10/2016 Completion: 07/01/17

X. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: Completion:

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: N/A		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: Negative air machines under HEPA filtration system. Wet Methods.		
XII. WASTE TRANSPORTER #1		
Name: Vandan Disposal, Inc.		
Address: 1009 Glen Clove Avenue		
City: Glen Head	State: New York	ZIP: 10474

Contact Person:		Telephone:
WASTE TRANSPORTER #2		
Name: JVN Restoration Inc.		
Address: 47 Foster Road		
City: Staten Island	State: NY	ZIP: 10309
Contact Person: John Tardy		Telephone: 718-605-6256

XIII. WASTE DISPOSAL SITE		
Name: Minerva Enterprises Inc		
Address: 8955 Minerva Rd SE		
City: Waynesburg	State: OH	ZIP: 44688
Telephone: 330-866-3435		

XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW	
Name: N/A	Title:
Authority:	
Date if Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY) :

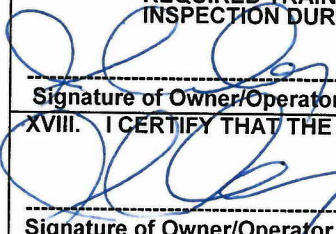
XV. FOR EMERGENCY RENOVATIONS	
Date and Hour of Emergency (MM/DD/YY):	
Description of the Sudden, Unexpected Event:	

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:
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XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) .	
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 Signature of Owner/Operator	John Tardy Project Manager	09/09/2016 Date
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XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
 Signature of Owner/Operator	John Tardy Project Manager	09/09/2016 Date



ACA ENVIRONMENTAL SERVICES, INC.

September 9, 2016
Via Federal Express

Mr. Victor Tu
Asbestos NESHAP Coordinator
U.S. Environmental Protection Agency
Air Compliance Branch
26 Federal Plaza
New York, New York 10278

Re: New York State
Office of General Services
Eleanor Roosevelt State Office Building
Four Burnett Boulevard
Poughkeepsie, New York 12603

Dear Mr. Tu:

This project consists of an emergency cleanup of 205 square feet of spray-on fireproofing debris from Rooms 331A and 342. This emergency cleanup is being conducted because it was discovered that overspray was present on the backside of light fixtures that were removed from the ceiling. This was noticed after the light fixtures were lowered to the floor and fine pieces of asbestos fell to the floor as well.

We regard this as a "sudden unexpected event". Please find attached an emergency notification. If you have any questions, please do not hesitate to call.

Very truly yours,

Patrick Fitzgerald
President

PF/ll
Enclosure

ACA2016102\EPAMer

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #1	Postmark	Date Received	Notification #
I. TYPE OF NOTIFICATION (O = Original R = Revised C = Canceled): O			
II. FACILITY INFORMATION: (identify owner, removal contractor, and other operator)			
OWNER NAME:	New York State Office of General Services		
Address:	Four Burnett Boulevard		
City:	Poughkeepsie	State:	New York Zip: 12603
Contact person:	Silvia Simmons	Telephone:	(845)431-5908
CONTRACTOR:	ACA Environmental Services, Inc.		
Address:	791 Nepperhan Avenue		
City:	Yonkers	State:	New York Zip: 10703
Contact person:	Patrick Fitzgerald	Tel.:	(914) 965-5829
OTHER OPERATOR:	N/A		
Address:			
City:	State:	Zip:	
Contact person:	Telephone:		
III. TYPE OF OPERATION: (D = Demo R = Renovation E = Emergency Renovation) E			
IV. IS ASBESTOS PRESENT? (yes/no) YES			
V. FACILITY DESCRIPTION: (Include building name, number, and floor or room number)			
Building Name:	Eleanor Roosevelt State Office Building		
Address:	Four Burnett Boulevard		
City:	Poughkeepsie	State:	New York Zip: 12603
Site Location:	Rooms 331A and 342		
Building Size:	72,000 square feet	Number of Floors:	4 Age in Years: 1968
Present Use:	Prior Use: Offices		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
Independent laboratory services in accordance with all federal, state, and local regulations.			
Air Monitoring firm:	Envirologic of New York, Inc.		
	Three Neptune Road, Suite A10, Poughkeepsie, New York 12601		
Lab Analysis By:	Envirologic of New York, Inc., 11577		
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:			
		Non-friable asbestos material not to be removed	Indicate unit of measurement below
1. Regulated ACB to be removed	RACM to be removed	Cat I	Cat II UNIT
2. Category I ACM not removed			
3. Category II ACM not removed			
Pipes	LnFt	Ln m:	
Surface Area	205 Sq Ft	Sq m:	
Vol. RACM off Facility Component	CuFt	Cu m:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)		Start: 09/09/2016	Complete: 09/12/2016
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY)		Start: NA	Complete: NA

ACA Environmental Services, Inc.

Project Name: New York State, Eleanor Roosevelt State Office Building, Four Burnett Boulevard, Poughkeepsie, New York 12603

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Cleanup, removal and disposal of 205 square feet of sprayed-on fireproofing debris using NYS DOL Individual Variance No. 16-1038 Procedures.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
All procedures will be in full accordance with federal, state and local regulations.

XII. WASTE TRANSPORTER #1

Name: **Vandan Disposal, Inc.**
Address: **1009 Glen Cove Avenue**
City: **Glen Head** State: **New York** Zip: **11545**
Contact Person: **Mr. Vito Pesce** Telephone: **(718) 991-2828**

XIII. WASTE DISPOSAL SITE #1:

Name: **Minerva Enterprises, Inc.**
Address: **9000 Minerva Road, SE**
City: **Waynesburgh** State: **Ohio** Zip: **44688**
Contact Person: **Mr. Mark Stefano** Telephone: **(330) 866-3435**

XIII. WASTE DISPOSAL SITE #2:

Name:
Address:
City: State: Zip:
Contact Person: Telephone:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE NOTIFY THE AGENCY BELOW:

Name: **N/A** Title:
Authority:
Date of Order (MM/DD/YY): Date Ordered to begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY):
Description of Sudden, Unexpected Event:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER.

Should additional asbestos be found in the immediate area that needs abatement, our containment will be enlarged to include it and we will institute all applicable work practice standards.

XVI. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR Part 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING THE NORMAL BUSINESS HOURS.


(Required 1 year after promulgation)

Patrick Fitzgerald, President

 **9/9/2016**
Signature of Owner/Operator (Date)

XVI. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Patrick Fitzgerald, President

 **9/9/2016**
Signature of Owner/Operator (Date)

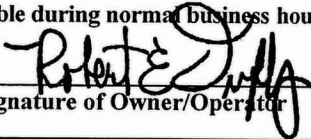
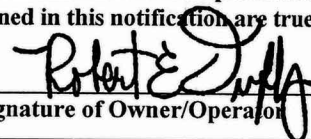
U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 1 of 2

Operator Project # 16128	Postmark	Date Received	Notification #																												
I. Type of Notification (check one): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled																															
II. Facility Description Building Name: <u>VERIZON</u> Address: <u>45 GIFFORD AVENUE</u> City: <u>FAIRMONT</u> State: <u>NY</u> Zip Code: <u>13219</u> County: <u>ONONDAGA</u> Site Location: <u>GENERATOR ROOM</u> Building Size (square feet): <u>20,000</u> # of Floors: <u>2</u> Age in Years: <u>50+</u> Present Use: <u>TOLL LOCATION</u> Prior Use: <u>SAME</u>																															
III. Type of Operation (check one): <input type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training																															
IV. Is Asbestos Present? (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																															
V. Facility Information Owner Name: <u>VERIZON</u> Address: <u>201 S STATE ST</u> City: <u>SYRACUSE</u> State: <u>NY</u> Zip Code: <u>13202</u> Contact: <u>MIKE ANDERSON</u> Telephone: <u>(315) 479-4122</u> Fax: _____ Removal Contractor Name: <u>ABSCOPE ENVIRONMENTAL, INC.</u> Address: <u>7086 COMMERCIAL DRIVE</u> City: <u>CANASTOTA</u> State: <u>NY</u> Zip Code: <u>13032</u> Contact: <u>ROBERT DUFFY</u> Telephone: <u>(315) 697-8437</u> Fax: <u>(315) 697-9391</u> Other Operator (demolition/general): _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: (____) _____ Fax: _____																															
VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM: PLM / TEM LAB ANALYSIS																															
VII. Approximate Amount of Asbestos Materials: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">RACM to be Removed</th> <th colspan="2">Non-friable Asbestos Material to be Removed</th> <th colspan="2">Non-friable Asbestos Material NOT to be Removed</th> </tr> <tr> <th>Category I</th> <th>Category II</th> <th>Category I</th> <th>Category II</th> </tr> </thead> <tbody> <tr> <td>Pipes (linear feet)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Surface Area (square feet)</td> <td style="text-align: center;">275</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Facility Components (cubic feet)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed		Category I	Category II	Category I	Category II	Pipes (linear feet)						Surface Area (square feet)	275					Facility Components (cubic feet)					
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VIII. Scheduled Dates Demolition or Renovation: Start: <u>09/19/16</u> Complete: <u>09/29/16</u>																															
IX. Dates for Asbestos Removal (MM/DD/YY) Start: <u>09/19/16</u> Complete: <u>09/29/16</u>																															
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday																								
Hours of Operation:	6am to 6pm	6am to 6pm	6am to 6pm	6am to 6pm	6am to 6pm																										

U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility component s:
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures: NEGATIVE PRESSURE ENCLOSURE, WET METHODS, ASBESTOS ABATEMENT IN ACCORDANCE WITH 12 NYCRR PART 56
XII.	Waste Transporter #1 Name: <u>ABSCOPE ENVIRONMENTAL, INC.</u> Address: <u>7086 COMMERCIAL DRIVE</u> City: <u>CANASTOTA</u> State: <u>NY</u> Zip Code: <u>13032</u> Contact: <u>ROBERT DUFFY</u> Telephone: <u>(315)697-8437</u> Waste Transporter #2 Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Contact: _____ Telephone: () _____
XIII.	Waste Disposal Name: <u>HIGH ACRES LANDFILL</u> Address: <u>425 PERINTON PARKWAY</u> City: <u>FAIRPORT</u> State: <u>NY</u> Zip Code: <u>14450</u> Contact: _____ Telephone: <u>(585) 223-6132</u>
XIV.	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: _____ Title: _____ 3. Authority of Order (Citation of Code): _____ 4. Date of Order (MM/DD/YY): _____ Date Ordered to Begin _____
XV.	Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.) 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized, or reduced to powder. NEGATIVE PRESSURE ENCLOSURE, WET METHODS, ASBESTOS ABATEMENT IN ACCORDANCE WITH 12 NYCRR PART 56
XVII.	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be available during normal business hours. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;">  _____ Signature of Owner/Operator </div> <div style="width: 20%;"> <u>09/08/16</u> _____ Date </div> <div style="width: 40%;"> <u>Robert Duffy - VP</u> _____ Type or Print Name and Title </div> </div>
XVIII.	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;">  _____ Signature of Owner/Operator </div> <div style="width: 20%;"> <u>09/08/16</u> _____ Date </div> <div style="width: 40%;"> <u>Robert Duffy - VP</u> _____ Type or Print Name and Title </div> </div>